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13281 U.S. PTO

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PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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10/822786

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. R2180.0076/P076-D First Inventor Kyohji Hattori Title METHOD AND APPARATUS FOR INITIALIZING OPTICAL RECORDING MEDIA Express Mail Label No.																												
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		MS Patent Application ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																												
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification [Total Pages 19] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 5] 5. Oath or Declaration [Total Sheets 5]		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or <input type="checkbox"/> Paper ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies 																												
ACCOMPANYING APPLICATION PARTS <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">9.</td> <td><input type="checkbox"/> Assignment Papers (cover sheet & document(s))</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Power of Attorney</td> </tr> <tr> <td>10.</td> <td><input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)</td> <td style="text-align: right;"><input type="checkbox"/> Attorney</td> </tr> <tr> <td>11.</td> <td><input type="checkbox"/> English Translation Document (<i>if applicable</i>)</td> <td></td> </tr> <tr> <td>12.</td> <td><input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Copies of IDS Citations</td> </tr> <tr> <td>13.</td> <td><input checked="" type="checkbox"/> Preliminary Amendment</td> <td></td> </tr> <tr> <td>14.</td> <td><input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></td> <td></td> </tr> <tr> <td>15.</td> <td><input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></td> <td></td> </tr> <tr> <td>16.</td> <td><input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</td> <td></td> </tr> <tr> <td>17.</td> <td><input type="checkbox"/> Other: _____</td> <td></td> </tr> </table>				9.	<input type="checkbox"/> Assignment Papers (cover sheet & document(s))	<input type="checkbox"/> Power of Attorney	10.	<input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Attorney	11.	<input type="checkbox"/> English Translation Document (<i>if applicable</i>)		12.	<input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input checked="" type="checkbox"/> Copies of IDS Citations	13.	<input checked="" type="checkbox"/> Preliminary Amendment		14.	<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>		15.	<input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>		16.	<input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.		17.	<input type="checkbox"/> Other: _____	
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17.	<input type="checkbox"/> Other: _____																													
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: 10/372,343 Prior application information: Examiner N. Hindi Art Unit: 3226 For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.																														
19. CORRESPONDENCE ADDRESS <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input checked="" type="checkbox"/> Customer Number: 24998</td> <td style="width: 25%; text-align: center;">OR</td> <td style="width: 50%;"><input checked="" type="checkbox"/> Correspondence address below</td> </tr> <tr> <td colspan="3" style="padding: 5px;"> Name: DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Mark J. Thronson </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> Address: 2101 L Street NW </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> City: Washington State: DC Zip Code: 20037-1526 </td> <td style="padding: 5px;"> Telephone: (202) 785-9700 Fax: (202) 887-0689 </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Name (Print/Type): Gabriela I. Coman </td> <td style="padding: 5px;"> Registration No. (Attorney/Agent): 50,515 </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Signature:  </td> <td style="padding: 5px;"> Date: April 13, 2004 </td> </tr> </table>				<input checked="" type="checkbox"/> Customer Number: 24998	OR	<input checked="" type="checkbox"/> Correspondence address below	Name: DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Mark J. Thronson			Address: 2101 L Street NW			City: Washington State: DC Zip Code: 20037-1526		Telephone: (202) 785-9700 Fax: (202) 887-0689	Name (Print/Type): Gabriela I. Coman		Registration No. (Attorney/Agent): 50,515	Signature: 		Date: April 13, 2004									
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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 770.00)

Complete if Known	
Application Number	NOT YET ASSIGNED
Filing Date	April 13, 2004
First Named Inventor	Kyohji Hattori
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	R2180.0076/P076-D

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number 04-1073

Deposit Account Name Dickstein Shapiro Morin & Oshinsky LLP

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) or any underpayment of fee(s) Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge – late filing fee or oath	
1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet.	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive – unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

SUBTOTAL (1) (\$ 770.00)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Extra Claims	Fee from below	Fee Paid
Total Claims 7	-20** =	= 0.00
Independent Claims 2	-3** =	= 0.00
Multiple Dependent		=

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0.00)

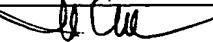
**or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0.00)

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Gabriela I. Coman	Registration No. (Attorney/Agent)	50,515	Telephone	(202) 775-4706
Signature				Date	April 13, 2004